## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Type:: REGULAR Subject Matter:: UTILITY CD-ROM or CD-R?:: NONE

Title:: THROMBIN-CLEAVABLE FACTOR X

**ANALOGUES** 

Attorney Docket Number:: 263989US0PCT

**Total Drawing Sheets::** 

### INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: France

Status:: **FULL CAPACITY** 

Given Name:: Virginie **LOUVAIN** Family Name::

Le Plessis Robinson City of Residence::

Country of Residence:: France

Street of Mailing Address:: 166, avenue de la Resistance

City of Mailing Address:: Le Plessis Robinson

Country of Mailing Address:: France Postal or Zip Code of Mailing Address:: 92350

**INVENTOR** Applicant Authority Type:: Primary Citizenship Country:: France

**FULL CAPACITY** Status::

Given Name:: Elsa

Family Name:: **BIANCHINI** Philadelphia City of Residence:: State or Province of Residence:: Pennsylvania **United States** Country of Residence:: 4410 Pine Street Street of Mailing Address::

City of Mailing Address:: Philadelphia

State or Province of Mailing Address:: Pennsylvania Country of Mailing Address:: **United States** 

Postal or Zip Code of Mailing Address:: 19104 Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: France

Status:: FULL CAPACITY
Given Name:: Pierre-Emmanuel

Family Name:: MARQUE
City of Residence:: Paris
Country of Residence:: France

Street of Mailing Address:: 7, rue Nicolas Houet

City of Mailing Address:: Paris
Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: 75005

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: France

Status:: FULL CAPACITY

Given Name:: Claire

Family Name:: CALMEL-TAREAU

City of Residence:: Paris
Country of Residence:: France

Street of Mailing Address:: 75, boulevard de Charonne

City of Mailing Address:: Paris
Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: 75011

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: France

Status:: FULL CAPACITY

Given Name:: Martine
Family Name:: AIACH
City of Residence:: Sevres
Country of Residence:: France

Street of Mailing Address:: 70, rue Brancas

City of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

92310

**Applicant Authority Type:**:

**Primary Citizenship Country::** 

Status::

Given Name:: Family Name::

City of Residence:: Country of Residence::

Street of Mailing Address::

City of Mailing Address:: Country of Mailing Address::

Postal or Zip Code of Mailing Address::

CORRESPONDENCE INFORMATION

Correspondence Customer Number::

REPRESENTATIVE INFORMATION

Representative Customer Number::

DOMESTIC PRIORITY INFORMATION

Continuity Type:: Application:: This Application National Stage of Parent Application:: Parent Filing Date:: PCT/EP03/07793

**INVENTOR** 

**FULL CAPACITY** 

6, rue des Lyonnais

LE BONNIEC

France

Bernard

Paris

Paris

France

75005

22850

22850

France

06/30/03

# FOREIGN PRIORITY INFORMATION

<b>Application Number:</b>	Country::	Filing Date::	Priority Claimed::
0208299	France	07/03/02	YES

#### ASSIGNMENT INFORMATION

Assignee Name::

INST. NAT'L DE LA SANTE ET DE LA

RECH. MEDICALE

Street of Mailing Address::

101, rue de Tolbiac

City of Mailing Address::

**Paris** 

Country of Mailing Address::

France

Postal or Zip Code of Mailing Address::

75013